

Doctors' health and satisfaction – why should anyone care?

Like all those with a high level of education, doctors achieve high scores on quality of life indicators. They come out well with regard to life expectancy, illness, personal finances and job satisfaction. So is there any reason to be concerned about doctors' health and satisfaction?



Photo: Ole Kristian Losvik

Alternatively, we may look at it in this way: A proportion of doctors are burned out, stressed or unhappy in their work. This can have negative effects – not only for themselves, but also for their patients. If you could choose, ask Casalino & Crosson in an article (1) recently named the best article on medical professionalism by the American Board of Internal Medicine (2), would you willingly consult a physician who is very dissatisfied with his or her work? Would you trust the physician to provide you with appropriate assistance?

The authors postulate that working conditions (culture, organisation, management, patient satisfaction and quality of care) affect doctors' health and satisfaction, which affect their performance, which in turn affects quality of care. They then present the research on these associations.

In general, the research supports their model even though the empirical data are (at times greatly) lacking. This applies especially to the effect of doctors' health and job satisfaction on quality of care.

In the USA, there are reports of a significant number of burned-out doctors. Nevertheless, according to Casalino & Crosson, more than 80 % are satisfied with their work, which means that they are the most satisfied professional group in the USA. However, studies show that many are simultaneously satisfied and burned out. Perhaps it is the case that some high-stress occupations are both stimulating and meaningful – while at the same time posing an increased risk of burnout. A good balance between demands and control is essential, but difficult to establish. We must assume that there are large individual variations, and variations between specialties, workplaces and countries.

Although the evidence is insufficient, Casalino & Crosson find relatively good support for the notion that dissatisfied doctors contribute to overdiagnosis and overtreatment – due to more frequent prescribing (sometimes harmful erroneous prescribing) and referrals. From the viewpoint of patients

and society, this is surely worth addressing. Measures to increase job satisfaction and reduce harmful stress are important for proper treatment and correct use of resources.

Research suffers from fragmentation and high walls between disciplines. Casalino & Crosson's model captures the interplay, but the fields of research are discrete. Social scientists study organisation and management, but how doctors experience the systemic factors in their daily work is less closely examined. It seems sensible to look at management, professional satisfaction and quality of care as one and the same issue.

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References

1. Casalino LP, Crosson FJ. Physician satisfaction and physician well-being: should anyone care? *Professions & Professionalism* no. 1/2015.10.7577/pp.954 [11.4.2016].
2. Ronge K. Award-winning medical researchers. *Tidsskr Nor Lægeforen* 2016; 136: 854.